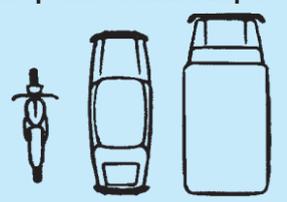
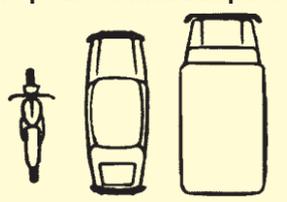


# Agreed statement of facts on motor vehicle accident

Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

Must be signed by BOTH drivers

<b>1. date</b> of accident ..... time .....	<b>2. place</b> (exact location of accident)	<b>3. injuries</b> even if slight <input type="checkbox"/> no <input type="checkbox"/> yes *
<b>4. property damage</b> other than to the vehicles A and B <input type="checkbox"/> no <input type="checkbox"/> yes *	<b>5. witnesses</b> names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)	
<b>vehicle A</b>		
<b>6. insured</b> policyholder (see insurance cert.) Name _____ (capital letters) First name _____ Address _____ _____ Tel. No. (from 9 hrs. to 17 hrs.) _____ Can the insured recover the Value Added Tax on the vehicle? <input type="checkbox"/> no <input type="checkbox"/> yes	<b>12. circumstances</b> Put a cross (X) in each of the relevant spaces to help explain the plan.	<b>6. insured</b> policyholder (see insurance cert.) Name _____ (capital letters) First name _____ Address _____ _____ Tel. No. (from 9 hrs. to 17 hrs.) _____ Can the insured recover the Value Added Tax on the vehicle? <input type="checkbox"/> no <input type="checkbox"/> yes
<b>7. vehicle</b> Make, type _____ Registration No. (or engine No.) _____	1 parked (at the roadside)      1 2 leaving a parking place (at the roadside)      2 entering a parking place (at the roadside)      3 3 4 emerging from a car park, from private grounds, from a track      4 5 entering a car park, private grounds, a track      5 6 entering a roundabout (or similar traffic system)      6 7 circulating in a roundabout etc.      7 8 striking the rear of the other vehicle while going in the same direction and in the same lane      8 9 going in the same direction but in a different lane      9 10 changing lanes      10 11 overtaking      11 12 turning to the right      12 13 turning to the left      13 14 reversing      14 15 encroaching in the opposite traffic lane      15 16 coming from the right (at road junctions)      16 17 not observing a right of way sign      17	<b>7. vehicle</b> Make, type _____ Registration No. (or engine No.) _____
<b>8. insurance company</b> _____ Policy No. _____ Agent (or broker) _____ Green Card No. (if issued) _____ Ins Cert. or Green Card % valid until _____ Is damage to the vehicle insured? <input type="checkbox"/> no <input type="checkbox"/> yes	← State TOTAL number of spaces marked with a cross →	<b>8. insurance company</b> _____ Policy No. _____ Agent (or broker) _____ Green Card No. (if issued) _____ Ins Cert. or Green Card % valid until _____ Is damage to the vehicle insured? <input type="checkbox"/> no <input type="checkbox"/> yes
<b>9. driver</b> (see driving licence) Name _____ (capital letters) First name _____ Address _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____	<b>13. plan of the accident</b> Indicate: 1. the layout of the road - 2. by arrows the direction of the vehicles A, B - 3. their position at the time of impact - 4. the road signs - 5. names of the streets or roads	<b>9. driver</b> (see driving licence) Name _____ (capital letters) First name _____ Address _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____
<b>10. indicate by an arrow the point of initial impact</b> 	11. visible damage _____ _____ _____	<b>10. indicate by an arrow the point of initial impact</b> 
<b>14 remarks</b> _____ _____ _____	<b>15. signatures of the drivers</b> A _____ B _____	<b>14 remarks</b> _____ _____ _____

\*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

Do not alter anything in the statement after signature and the separation of the copies for the two drivers.

For Insured's accident report see back →

**Person insured**  
 Name \_\_\_\_\_  male  female  
 Profession \_\_\_\_\_  employee  entrepreneur  
 IBAN \_\_\_\_\_

**Driver**  
 Was driver authorised to drive?  yes  no  
 Why not? \_\_\_\_\_  
 Date of birth \_\_\_\_\_

**Motor-vehicle insured**  
 Chassis Nr. \_\_\_\_\_ Kilometrage/mileage \_\_\_\_\_  
 Registration No. \_\_\_\_\_  
 Was the vehicle towing a caravan?  yes  no  
 When affirmative \_\_\_\_\_

**Damage to your motor-vehicle (special damage)**  
 Did you conclude a comprehensive or a Third Party insurance? \_\_\_\_\_  
 Amount estimated \_\_\_\_\_  
 Name and address of repairer \_\_\_\_\_  
 Phone of repairer \_\_\_\_\_  
 When will the motor-vehicle be at the repairer? \_\_\_\_\_

**General damage legal aid**  
 Did you conclude a legal aid insurance?  yes  no  
 policy nr \_\_\_\_\_  
 If so, please state general damage \_\_\_\_\_  
 Are you insured against damage to property of passengers?  yes  no  
 policy nr \_\_\_\_\_

**Police**  
 Have the police made out a report?  yes  no  
 What station/constabulary? \_\_\_\_\_

	name	address	m / f	age	nature of injury	hospital
own vehicle	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
other vehicle(s)	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

**Circumstances during event**  
 Weather:  dry  rain  fog  snow  hail  gale The speed of your motor-vehicle? \_\_\_\_\_ K.M./h.  
 Road surface:  dry  wet  snow  slippery The speed of the other vehicle(s)? \_\_\_\_\_ K.M./h.  
 Was anyone of the parties concerned driving on a major road? If so, whom?  yes  no  
 Speed limit?  yes  no If so, \_\_\_\_\_ K.M./h.  
 Was any driver involved under the influence of alcohol / spirits / medicine? If so,  yes  no \_\_\_\_\_

**Seat belt**  
 Driver  yes  no Passenger in front  yes  no Passenger(s) at the rear  yes  no  
**Crash helmet**  
 Driver  yes  no Passenger in front  yes  no Passenger(s) at the rear  yes  no

**Liability**  
 My version \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Did the other party hold you liable?  yes  no  
 Do you have a claimform for a possible future case?  yes  no

**Signature**  
 Place \_\_\_\_\_ Signature policyholder \_\_\_\_\_  
 Date \_\_\_\_\_

You can send this form to postbus 3623, 4800 DP Breda or e-mail to [schademelding.kroller@aon.nl](mailto:schademelding.kroller@aon.nl).